



**WINGATE PARK COUNTRY CLUB
APPLICATION FOR MEMBERSHIP
TENNIS**

MEMBER NR:

*I am applying for the following membership of the Club:
Please provide the following details and make a cross where applicable. Please print*

TITLE:										
ADV		PROF		DR		MR		MRS		MISS
GENDER										
MALE		FEMALE		PREFER NOT TO SAY						

SURNAME	
FULL NAMES	
NATIONALITY	
ID NR/PASSPORT NR	
DATE OF BIRTH	
POSTAL ADDRESS	
HOME ADDRESS	
CONTACT NR.	
EMAIL	
PROFESSION	

Details of family members who are also members of Wingate Park CC:

FAMILY MEMBER	MEMBERSHIP NR.	RELATIONSHIP

Communication from WPCC could be done by email and mobile phone

Please keep your contact details updated of any changes

I hereby agree to keep my contact details updated, for the delivery and/or process arising from the amounts incurred by myself:

I agree fully to abide by the rules, regulations, By-Laws, the Ethical Code of the club and the Constitution of Wingate Park Country Club.

Signature _____

Date _____

APPLICATION FOR MEMBERSHIP - TENNIS

MEMBERSHIP CATEGORY SELECTED

OPTIONAL EXTRA'S SELECTED

PAYMENT METHOD: MONTHLY DT ORDER PAYMENT UPFRONT

EMAIL ADDRESS _____

CONTACT NUMBER _____

I DECLARE THAT THE ABOVE INFO IS CORRECT



DT ORDER INSTRUCTION # CLUB NR:

NAME & SURNAME (ACCOUNT HOLDER) _____

ADDRESS _____

BANK _____

BRANCH AND CODE _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT _____

AMOUNT _____

DT ORDER DATE _____ (Date on which deduction will take place)

TO: WINGATE PARK COUNTRY CLUB

Abbreviated Name as Registered with the Bank: WINGATEPAR

Beneficiary's Address: 539 Norval Str, Wingate Park, 0153

WINGATEPAR will appear as reference on your statement.

This signed Authority and Mandate refers to our contract dated ("the Agreement"). I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned bank (or any other bank or branch to which I/We may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: MONTHLY. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

Should the debit order not be successful, a double debit order will take the following month.

SIGNATURE

DATE